| POSITION                  | INITIALS | ID NO.  | DATE        |
|---------------------------|----------|---------|-------------|
| FEE DETERMINATION         | TXI      | 17/53/1 | 918         |
| O.I.P.E. CLASSIFIER       | 7717     | 10017   | 1/1/20      |
| FORMALITY REVIEW          | - D. Z   | 68608   | 10/20/200   |
| RESPONSE FORMALITY REVIEW |          |         | 1/4/2       |
|                           |          |         | CLATE       |
|                           |          |         | <del></del> |

## **INDEX OF CLAIMS**

| , | Rejected                   | N | Non-elected  |
|---|----------------------------|---|--------------|
| = | Allowed                    | į | Interference |
| _ | (Through numeral) Canceled | Α | Appeal       |
|   | Restricted                 | 0 | Ohiected     |

| ÷ Restricted 0 Objected |   |                   |  |             |   |  |  |  |
|-------------------------|---|-------------------|--|-------------|---|--|--|--|
| Claim                   | Date  | Claim             | Date   | Claim       | Date  |  |  |  |
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| Final<br>Original       | 7-3-03<br>7-58-03<br>3/6/04<br>8/34/04            | Final<br>Original |  | Final       |   |  |  |  |
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If more than 150 claims or 10 actions staple additional sheet here

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Best Available Copy